



10/15/01

Please type a plus sign (+) inside this box:

UTILITY	Atty Doc. No. <u>sachse</u> Total Page <u>6</u>
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER
TRANSMITTAL	Hans SACHSE
	Express Mail Label No. _____

Application Element:

Address To: Assistant Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. Fee transmittal Form
(Submit an original, and a duplicate for fee processing)
2. Specification Total Pages
(Preferred arrangement set for below)

Descriptive title of the Invention

6. Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)Cross References to Related Application
Statement Regarding Fed. Sponsored R & D

a. Computer Readable Copy

Reference to Microfiche Appendix

b. Paper Copy (Identical to computer copy)

Background of the Invention

c. Statement verifying identity of above copies

Brief Summary of the Invention

ACCOMPANYING APPLICATIONS PARTS

Brief Description of the Drawings (if filed)

8. Assignment Papers (cover sheet & document(s))

Detailed Description

9. 37 CFR 3.73(b) Statement Power of Attorney

Claim(s)

10. English Translation Document (if applicable)

Abstract of the Disclosure

11. Information Disclosure Copies of IDS Citations

3. Drawing(s)(35 USC 113)(Figs.) Total Sheets 1

12. Preliminary Amendment

4. Oath or Declaration Total Pages13. Return Receipt Postcard (MPFP 503)

a. Newly executed (original or copy)

14. Should be specifically itemized)

b. Copy from a prior application (37 CFR 1.63(d))
(For Continuation or Divisional with Box 17 completed)

15. Small Entity Statement filed in prior application

Note Box 5 below

Statements Status still proper and desired

DELETION OF INVENTOR(S)

15. Certified Copy of Priority Document(s)

Signed statement attached deleting
inventor(s) named in the prior application
see 37 CFR 1.63(d)(2) and 1.33(b).

(if foreign priority is claimed)

5. Incorporation by reference (useable if Box 4b is checked)

16. Other _____

The entire disclosure of the prior application, from which a
copy of the oath or declaration is supplied under Box 4b
is considered as being part of the disclosure of the accompanying
application and is hereby incorporated by reference therein

17. If a Continuing Application, check appropriate box and supply the requisite information

Continuation _____ Divisional _____ Continuation-in part (CIP) _____ of prior application No. _____

CORRESPONDENCE ADDRESS

Customer Number or Bar code Label _____ or Correspondence address below _____

Insert Customer No. or Attach bar code label here

Name: Herbert B. Keil
KELLY & WEINKAUFAddress: 1101 Connecticut Ave., N.W.City: Washington State: D.C. Zip Code: 20036Country: USA Telephone: (202) 659-0100 Fax: (202) 659-0105

jc986 U.S. PTO
09/976073
10/15/01


The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LARGE ENTITY	BASIC FEE \$370./\$740.
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Basic Fee..... \$ 370.

Total Claims: 7 -20 = _____ x \$09./\$18. = _____

Indep. Claims: 1 -3 = _____ x \$42./\$84. = _____

[] Multiple Dependent Claim(s) presented:\$135./270 = _____

[x] A check is enclosed for the filing fee. \$ 370.00

*If the difference is less than zero, enter "0".

[X] A check for \$ 370. for the filing fee (small entity).

[X] The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,
KEIL & WEINKAUF


Herbert B. Keil
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